

This is a Re-Application for: \_\_\_\_ Existing Parking Space # \_\_\_\_\_, Lot \_\_\_\_\_; \_\_\_\_ Current Waiting List Position

**CAR/VAN POOL CERTIFICATION FORM**  
**MONTHLY PARKING PERMIT APPLICATION SUPPLEMENT**  
**FOR STATE GOVERNMENT PARKING LOTS AND GARAGE MANAGED BY DOP/CC**  
**IN THE CAPITOL HILL COMPLEX**

PLEASE PRINT ALL INFORMATION IN INK

Applicant Information.

Name of Applicant (vehicle driver) \_\_\_\_\_

Date of Monthly Parking Permit Application (date of submittal) \_\_\_\_\_

Passenger Information.

Passenger One: Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer (department/institution/agency) \_\_\_\_\_

Work Address \_\_\_\_\_

Passenger One has read and agrees to comply with ALL Monthly Parking Procedures/Guidelines.

Passenger One's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Passenger Two: Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer (department/institution/agency) \_\_\_\_\_

Work Address \_\_\_\_\_

Passenger Two has read and agrees to comply with ALL Monthly Parking Procedures/Guidelines.

Passenger Two's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Passenger Three: Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer (department/institution/agency) \_\_\_\_\_

Work Address \_\_\_\_\_

Passenger Three has read and agrees to comply with ALL Monthly Parking Procedures/Guidelines.

Passenger Three's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Please use additional forms if you have more than three passengers. This Car/Van Pool Certification Form must be submitted to Capitol Complex in person or by mail.

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To Be Completed By Capitol Complex:

Date Certification Received \_\_\_\_\_ Date Applicant (driver) information and waiting list updated \_\_\_\_\_